## P96000058392

|   | auartara Nama     |               |  |  |  |  |  |
|---|-------------------|---------------|--|--|--|--|--|
| (Requestor's Name)                      |                   |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| (Ac                                     | idress)           |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| (Address)                               |                   |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| (Ci                                     | ty/State/Zip/Phon | e #)          |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| PICK-UP                                 | MAIT              | MAIL          |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| (Bu                                     | siness Entity Nar | me)           |  |  |  |  |  |
| (                                       |                   | ·· <b>-</b> / |  |  |  |  |  |
| (Do                                     | cument Number)    |               |  |  |  |  |  |
| (50                                     | oument (vamber)   |               |  |  |  |  |  |
| ·                                       |                   |               |  |  |  |  |  |
| Certified Copies Certificates of Status |                   |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
| Special Instructions to                 | Filing Officer.   |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
|   |                   | İ             |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
|   |                   | 1             |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
|   |                   |               |  |  |  |  |  |
|   |                   | 1             |  |  |  |  |  |
|   |                   | <del></del>   |  |  |  |  |  |

Office Use Only



500040720185

BEFORE A PURATION OF TALL CONSTREE OF BRIDE

+ SEP 20 PH 4: 20

OLUSED 20 PH 4: 5

9/22/4 5mi 2A Chs.



| ON SERVICE COMPANY.  |             |
|--|-------------|
| ACCOUNT NO. : 072100000032   | · · · · · · |
| REFERENCE : 862334 4338458   |             |
| AUTHORIZATION : Totucia Isouta   |             |
| COST LIMIT : \$ 35.00  |             |
| ORDER DATE: August 25, 2004  |             |
| ORDER TIME : 2:39 PM   |             |
| ORDER NO. : 862334-150   |             |
| CUSTOMER NO: 4338458   |             |
| CUSTOMER: Ms. Terri Denoncourt Ocwen Financial Corporation The Forum 1675 Palm Beach Lakes Blvd. West Palm Beach, FL 33401 | -           |
| CHANGE OF AGENT  |             |
| NAME: NHPAHP AFFORDABLE HOUSING CORPORATION TN1  | *           |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  |             |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  |             |
| CONTACT PERSON: Troy Todd EXT# 2940  |             |
| EXAMINER:  |             |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|  | provisions of sections 6<br>ange is submitted for a c   |   |                                   |                        |  |  |
|--|---|---|-----------------------------------|------------------------|--|--|
|  | ler to change its registere   |   |                                   |                        |  |  |
| 1. The name of   | the corporation: NHPAH  | AFFORDABLE 1  | HOUSING CO                        | RPORAT:                | ION TN 1   |  |
| 2. The principa  | l office address: 1675  | Palm Beach Lal  | ces Blvd.,                        | West 1                 | Palm Beach   | , FL 33401   |
|  | ,   | F   |                                   | e.                     |  |  |
|  | address (if different): At<br>n Beach, FL 33401   | tn: Teresa De   | noncourt,                         | 1675 P                 | alm Beach  | Lakes, Blvd.,  |
| 4. Date of incom   | rporation/qualification: C  | 7/10/1996   | Docume                            | nt numbe               | er: _P9600005  | 58392  |
|  | nd street address of the co<br>artment of State:  | urrent registered ag  | gent and regist                   | ered offic             | ce on file with  | 1 the  |
|  | John R. Erbey   |   |                                   |                        | _ 1  |  |
|  | 1675 Palm Beach   | Lakes Blvd.   | -                                 | ,                      |  | For P  |
|  | West Palm Beach,  | FL 33401  |                                   |                        |  | SEP 21   |
| 6. The name an (if changed):   | nd street address of the n  | ew registered agen  | t (if changed)                    | and /or r              | egistered offic  | OU SEP 20 PH 4: 59 TALLAHASSEE, FLORID TALLAHASSEE, FLORID |
|  | Corporation Serv  | ice Company   |                                   | <u></u>                |  | - SE                    |
|  | 1201 Hays Street  |   |                                   |                        | ·  | Br.  |
|  | (P.   | O. Box NOT acceptable)  |                                   | · <del></del>          |  |  |
|  | Tallahassee, FL   | 32301   | <u></u>                           |                        |  |  |
| The street addr<br>as changed will   | ress of its registered off<br>Il be identical.  | ice and the street  | address of the                    | busines                | s office of its  | registered agent,  |
| Such change wanthorized by   | vas authorized by resoluthe board, or the corpor  | ition duly adopted<br>ation has been no                         | l by its board<br>tified in writi | of direct<br>ng of the | ors or by an o   | officer so   |
| pus  | & huh   | <u> </u>  | Mark J. I                         |                        |  | 4.   |
| I hereby accep<br>I further agree<br>of my duties, a<br>document is be<br>corporation ho | of the appointment as re<br>to comply with the pro<br>and I am familiar with a<br>leing filed merely to refl<br>as been notified in writi<br>tion Service Compa | na accept the obli<br>ect a change in the<br>ng of this change. | d agree to act                    | t in this c            | typed name and the<br>capacity<br>per and comp<br>as registered<br>tress, I hereby | nlete nerformance  |
| By Cint  | thing of therews  | <u> </u>  |                                   | 9/11                   | 6/04   |  |
| (5   | signature of Registered Agent)  |   |                                   |                        | (Date)   | <del></del>  |
| Cynt<br>as   | behalf of an entity:  hia L. Harris  its agent  (Typed or Printed Name)   |   |                                   |                        |  |  |
|  | (1) hor or remore remote)   |   |                                   |                        |  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*